













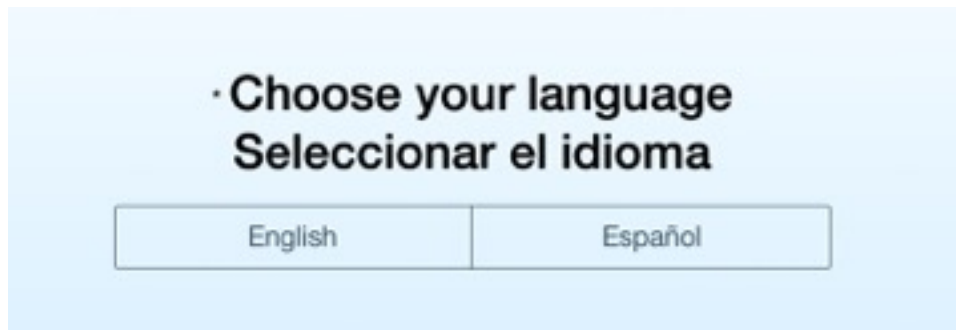
ApexData feature overview

GETTING STARTED

Queue multiple eSolutions to administer in succession.

Cancel	Select eSolutions	Start
	Questionnaire	
	Family Development Program	
	GRADS Student Needs Questionnaire	5
	HIPAA Acknowledgement	1
	PHQ-13	
	PHQ-9	4
	Screen for Child Anxiety Related Disorders (SCARED)	
	Student Consent Form	2
	Student Registration Form	3
	Youth Engagement with Health Services (High School)	

Capability of administering in multiple languages.



Demographic information auto-fills, eliminating the need to re-enter name, date of birth, etc.

Cancel **Next Survey** Consent Form Next Page >

SCHOOL-BASED HEALTH CENTER STUDENT CONSENT FOR CONFIDENTIAL SERVICES

Name

* Date of Birth

October	8	1995
November	9	1994
December	10	1995
January	11	1996
February	12	1997
March	13	1998
April	14	1999

Gender

* Would you like to receive health services from the SBHC?



FORMATTING OPTIONS

Providers and patients can sign forms directly on the iPad.

The screenshot shows a mobile application interface for a 'RECEIPT OF SBHC PRIVACY NOTICE'. At the top, there are navigation buttons for 'Back', 'Cancel', and 'Next Page'. The form contains three sections:

- * Relationship to Patient:** A dropdown menu with 'Mother' selected.
- * Printed Name of Patient or Representative:** A text input field containing 'Jane Appleseed'.
- * Signature of Patient or Representative:** A large text area containing a handwritten signature that reads 'Jane Appleseed'.

At the bottom of the screen, there is a footer with the 'Toka' logo and the text 'HIPAA Student C... 4080-98'.

Questions can be required to answer.

The screenshot shows a mobile application interface for a 'Consent Form'. At the top, there are navigation buttons for 'Back', 'Cancel', and 'Next Page'. The form contains the following text and elements:

I voluntarily give the health providers at the School-Based Health Center permission to provide me with one or more of the following confidential services:

* The services that may be provided under this confidential agreement include: (Check the services you wish to receive)

- Family planning services
- Pregnancy testing
- Pap smear and STI testing and
- Mental health screening, counseling, and treatment
- Substance abuse counseling and treatment

A modal dialog box titled 'Required Fields' is displayed in the center, with the message: 'Please make sure all required fields have a value.' and an 'OK' button.

At the bottom of the screen, there is a footer with the 'Toka' logo and the text 'HIPAA Student C... 4080-98'.

Various answer styles and large print for improved usability.

Relationships/Sexual Activity

Have you ever had sex (including vaginal, oral or anal sex)?

Do you and your partner(s) always use condoms when you have sex?

Are you using a method to prevent pregnancy?

Which types? (check all that apply)

Condoms Pills Depo (the shot) Patch Nexplanon / Implanon

Foam Sponge With-drawal Ring IUD

Have you ever been pregnant or gotten someone pregnant?

During your life, with whom have you had sexual contact?

Do you think you or your partner could have a sexually transmitted infection?

IMMEDIATE FEEDBACK

The eSHQ Alert Report provides a dashboard view of all of the questions and answers. Fields are color-coded depending on severity of response. A CRAFFT score is generated and displayed on the eSHQ reports.

Alert Report (Applesseed, Johnny, Jan 11, 1996)

Submitted Jan 6, 2015

Student Health Questionnaire - Alert Report (HS)

Name	Date of Birth	Age	Grade	Sexual Orientation	Legend	N/A	Unanswered
Applesseed, Johnny	January 11, 1996	18	11 - Eleventh	Heterosexual		Needs Attention	Risk Factor
						CRAFFT Alert	No Concern

Home/School	1. Lives with Mother, Mother's boyfriend, Sister, Brother, Cousin	2. Someone they can talk to: Friend, Brother/Sister, Online friend	3. Problems at home: Fighting, Concerns with a family member	4. Problems in school or work: Missing school, Grades, Bullying						
Health Behaviors	5. Participate in 1 hour of physical activity per day: Yes	6. More than 2 hours per day watching TV/video: No	7. 3 or more servings of fruits and vegetables: No	8. More than 8 hours of sleep per night: Yes	9. Dental care in last 12 months: No					
Safety / Injuries	10. Always wears a seatbelt: Yes	11. Always wears a helmet: No	12. Test, talk, cut! Injured while driving: Yes	13. Fall, afraid, creased, hurt: Yes	14. Physically, sexually, emotionally abused: No	15. Hit by boyfriend/girlfriend: Yes	16. Carry a weapon for protection: No	17. Foster care, group home or homeless: Yes	18. Spent a night in jail or detention center: No	
Feelings / Well-Being	19. Worry or feel like something bad will happen: Yes	20. Tense, stressed out, trouble sleeping: No	21. Feeling down, depressed, irritable, hopeless: Yes	22. Less enjoyment or interest: No	23. Hurt yourself on purpose: Yes	24. Thought, planned or attempted suicide: No				
Relationships / Sexual Activity	25. Has had sex: Yes	26. Always use condoms: No	27. Methods to prevent pregnancy: No	28. Been pregnant or gotten someone pregnant:	29. Male or female partners: Female	30. Think partner could have STI: No				
Health behaviors / Substance Use	31. Used tobacco in last 12 months: Yes	32. Ridden in car with someone who was impaired: No	33. Ever drank alcohol: Yes	34. Ever used marijuana: No	35. Ever taken other drugs: Yes	36. Use alcohol/drugs to relax or fit in: Yes	37. Use alcohol/drugs alone: No	38. Forget things while using alcohol/drugs: Yes	39. Family/ friends say to cut down: No	40. In trouble while using alcohol/drugs: Yes
Development / Future Plans	40. Concern questions about body: No	41. Do you like yourself?: 4	42. Future Goals: Go to college.	43. Contact info Email: johnnyapplesseed@gmail.com Cell: 5055555555 Friend's #: 5055555555						

Signature of Reviewer: _____ Reviewed with student: _____ Date: _____

The Provider Review allows the provider to comment on each question; comments are displayed on the reports.

Alert Report (Applesseed, Johnny, Jan 11, 1996)

Submitted Jan 6, 2015

Student Health Questionnaire - Alert Report (HS)

Health Behaviors / Sub...

32. Ridden in car with someone who was impaired: No

33. Ever drank alcohol: Yes

34. Ever used marijuana: No

35. Ever taken other drugs: Yes

36. Use alcohol/drugs to relax or fit in: Yes

37. Use alcohol/drugs alone: No

38. Forget things while using alcohol/drugs: Yes

39. Family/ friends say to cut down: No

40. In trouble while using alcohol/drugs: Yes

Is there a risk?

Comments

43. Contact info
Email: johnnyapplesseed@gmail.com
Cell: 5055555555
Friend's #: 5055555555

PHQ-9 and other assessments are automatically scored and counseling messages are provided.

Close Report (Appleseed, Johnny, Jan 11, 1996) Add Signature

Legend Needs Attention Risk Factor

Johnny Appleseed

January 11, 1996

Down, depressed, irritable: Not At All
Little interest/pleasure: Several Days
Sleep issues: More Than Half The Days
Eating problems: Not At All
Tired/low energy: Several Days
Bad about yourself: More Than Half The Days
Trouble concentrating: Not At All
Slow moving or fidgety: Several Days
Better off dead or hurt yourself: More Than Half The Days
Past year depressed most days: Yes
Difficulties in life: Somewhat Difficult
End life this month: Yes
Ever suicide/attempted: No

PHQ-9 Severity Score: 9

Depression Severity Results

- Mild depression
- Suicide risk - must be followed up by a clinical interview

Depression Severity Scale

0 - 4	No or Minimal Depression
5 - 9	Mild Depression
10 - 14	Moderate Depression
15 - 19	Moderately Severe Depression
20 - 27	Severe Depression

Signature of Reviewer _____ Reviewed with patient: _____ Date _____